U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 19305

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

•	01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Norman Smitley	Name IN/KY Regional Council of Carpenters
	Labor Organization File Number 060114
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 428 15th Street	Street 2635 S. Madison Ave.
City Tell City	City Indianapolis
State Indiana ZIP Code +4/7586	State IN ZIP Code +4/6225-21/0
Position in labor organization. Business Representati	
nonetary value from an employer whose employees your organi	lization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with	exclusions set forth in the instructions): n, or derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest. Transaction, or Income.
Name	Security Court Security (1.1) (2011) Up all Lamons 45(2) (1/3 Lift) Local MODIFICS, Land 10 Contact Security (1/2 CS) (1/2 CM) Security (1/2 CS) (1
Trade Name, if any:	washing
Trade Name, II ary.	
P.O. Box, Bldg., Room No., if any	The second secon
Street	7.b. Amount.
City	
State ZIP Code + 4	
\$	Signature -
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the e section on penalties in the instructions.)
Signed Mon Smittley	on 8-10-05 8/2-479-0455
	Date Telephone Number
om LM-30 (2003)	Page 1 of

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other consists of buying from the consists of	value from a business (1) a nerwise dealing with the business		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Edward B Morris Assoc., Inc	a. Labor Organization		
Trade Name, if any:	b. Trust x		
P.O. Box, Bldg., Room No., if any P O Box 50440 Street	c. Employer		
9045 E 59th Street			
Indianapolis State ZIP Code + 4			
Indiana 46250	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.			
Name same as above	Reimburse expenses for attending Trustees meeting as fiduciary responsibility		
Trade Name, if any:	meeting date 12-10-04		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. 63_00		
City	11.b. Approximate dollar value of such dealing. 63.00 12.a. Nature of interest held or income received.		
State ZIP Code + 4			
State ZIP Code + 4	meals		
,			
	12.b. Amount. 63.00		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment		
Name			
Trade Name, if arry:			
P.O. Box, Bldg., Room No., if any			
Street			
City			

14.b. Amount of payment.

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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State

ZIP Code + 4

or Consultant

?

File Number U-

B. Hell substa	d an interest in or derived income or economic benefit with monetary to intial part of which consists of buying from, selling or leasing to, or other interests of the part of which consists of buying from the selling or leasing to, or other interests of the part of which consists of buying from the part of the part o	value from a business (1) a erwise dealing with the business	
8. Nап	e and address of Business (including trade name, if any).	9. Business deals with:	
Name Indiana State Council of Carpenters Pension Fund Trade Name, if any:		a. Labor Organization	
	ox, Bldg., Room No., if any P O Box 50440 9045 East 59th Street	b. Trust X	
City	Indianapolis		
State	Indiana ZIP Code + 4 46250		
10. if 9.	b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
	Same as above Name, if any: ox, Bldg Room No., if any	Learn of investments for the Pension Fund 12-10-04 which is my fiduciary responsibility to attend.	
Street		11.p. Approximate dollar value of such dealing. varies	
City		12.a. Nature of interest held or income received.	
State	ZIP Code + 4	Airline ticket and hotel expenses	
······································		12.b. Amount. 759 . 00	
	aived from any employer (other than an employer covered under any labor relations consultant to an employer any payment of money		
	me and address of Employer or Labor Relations Consultant luding trade name, if any).	14.a. Nature of payment.	
Name			
Trade N	ame, if any:		
P.O. Bo	x, Bldg., Room No., if any		
Street			

14.b. Amount of payment.

13.b. is the Business an Employer

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Indiana State Council of Carpenters Pension Fund Trade Name, if any:	a. Labor Organization b. Trust X		
P.O. Box, Bldg., Room No., if any P O Box 50440 Street	c. Employer		
9045 East 59th Street City Indianapolis			
State ZIP Code + 4 Indiana 46250			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name same as above	Training 1-31-04 // 2-4-04		
Trade Name, if any:			
P.O. Box, Sldg., Room No., if any			
Street	11.p. Approximate dollar value of such dealing. varies		
City	12.a. Nature of interest held or income received.		
State ZIP Code ÷ 4	Expenses for air travel, hotel expenses conference registration, and meals		
	12.b. Amount. \$3,333.00		
C. Received from any employer (other than an employer covered under	parts A and B above)		

 Name and address of Employer or (including trade name, if any). 	r Labor Relations Consultant		14.a. Nature of payment
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

 Name and acidress of Employer of (including trade name, if any). 	r Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if arry:			
P.O. Box, Bldg., Room No., if any	•		
Street			
City		·	
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	:

12.b. Amount.

156.00

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Name of Person Filing Norman E. Smitley		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Indiana Regional Council of Carpenters & Millwrights JATC - Southern Region Trade Name, if any: Carpenters & Millwrights Training Progr. P.O. Box, Bldg., Room No., if any	a, Labor Organiza am b, Trust	tion	
Street 5400 Covert Court	c, Employer		
City Newburgh State Endiana ZIF Code + 4 47630			
10. If 9.b. or 9.c. is checked give trust or amployer's name.	11.a. Nature of such deali	ng.	
Name	PROVIDE TRA	INING	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any		and the control of th	
Street	11.b. Approximate dollar valu	e of such dealing. Varies	
City State ZIP Code + 4	12.a. Nature of Interest held	d or income received.	
	10-30-04	,	
	APPRENTICES	SHIP COMPLETION BANQUET	
	Character and the second secon	y none, at a cross some of a constraint of the c	
	12.b. Amount. \$32.	00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.g. Nature of payment.	ا المستوية سيساني، و في المراج المواجد المواجد المواجد المراجد المواجد المواجد المواجد المواجد المواجد المواجد ا	
Name		÷	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	:	:	
Street	· •		
City			
State ZIP Code + 4	to the state of the second	ay ye in the company of the second of the se	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	e de la companya de l	